

**Maine Department of Health and Human Services
Office of Child and Family Services**

OQMHP-PNMI Training Record

Employee Name: _____

Agency Name: _____

Agency Address: _____ **City:** _____ **Zip:** _____

Agency Contact Name: _____ **Phone:** _____

Date of Hire: _____

Degree (include copy of degree showing major of study or official transcript): _____

OR Has completed Nine Training Areas listed below. **Date Training Completed:** _____

Training Topic (Please attach copies of any certificates related to trainings listed below)		Date(s)	Hour(s)	Trainer's Name and Signature
A.	First Aid & CPR			
B.	Principles of child development and intervention (counseling) techniques			
C.	Hazard Management, fire & safety			
D.	Recipients' Rights			
E.	Reporting requirements in situations of abuse			
F.	Individual service plans and their application			
G.	Record-keeping and reporting requirements			
H.	Overview of psychotropic medications			
I.	Non-aggressive techniques of physical intervention (must be approved by DHHS/CBHS Licensing)			

Supervisor's Name (printed)

Signature

Date

Employee's Signature

Date

NOTE: All Nine Training Areas must be completed within **90 days** from the date of hire. The form must include the date, and hours of training along with the trainer's name and signature.

Qualifying degrees for PNMI are Psychology, Social Work, Child Development, Special Education, Rehabilitation, Sociology, Education and Behavioral Science.

Please submit a completed copy of this form for each applicant and mail to:

Liz Petrie
OQMHP Certification Program
Office of Child and Family Services
#11 State House Station
396 Griffin Road
Bangor, ME 04401
(207) 561-4210 office
(207) 561-4299 fax

Revised: 7.14